

Attachment 4

**PERMIT REQUIRED CONFINED SPACE  
ENTRY PERMIT**

The Entry Supervisor is required to fill in specific information in the attached form, brief all participants involved in the Permit Required Confined Space entry, provide a copy of this form for the site and send the closed entry permit to Safety Office to keep on file for at least one year's reference.

GENERAL SERVICES DIVISION

**CONFINED SPACE ENTRY PERMIT**

THIS PERMIT IS TO BE KEPT AT THE JOB SITE  
UNTIL THE JOB IS COMPLETED

COPY to Entry Supervisor  
COPY at Job Site (To be Returned to Safety Office Following Job Completion)

**DURATION:** This permit is valid only for the following time frame:

ISSUE DATE: \_\_\_\_\_ TIME: \_\_\_\_\_  
EXPIRES ON - DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

**SITE LOCATION:** \_\_\_\_\_  
(Building Name/Number, Street Address, Room Number, etc.)

**PURPOSE OF ENTRY:** \_\_\_\_\_  
(Equipment to be Worked On and Type of Work)

**1. INITIAL ATMOSPHERIC CHECK:** Instrument Used - BW GasAlertMax

CO \_\_\_\_ ppm                      H<sub>2</sub>S \_\_\_\_ ppm      Other \_\_\_\_\_  
O<sub>2</sub> \_\_\_\_ %                      LFL \_\_\_\_ %

Acceptable Levels for Entry:

19.5% < O<sub>2</sub> < 23.5%      CO < 50 ppm  
LFL < 10 %                      H<sub>2</sub>S < 10 ppm

Tester's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

**2. HAZARD ISOLATION**, i.e., Lines Blinded, Disconnected or Blocked. The following measures are to be used to eliminate/control hazards in the confined space:

<u>HAZARD</u>	<u>CONTROL</u>	<u>COMPLETE</u>
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**3. VENTILATION:**

Mechanical	Yes ____	Purge Time ____	N/A ____
Natural	Yes ____		N/A ____

4. **ATMOSPHERIC CHECK AFTER ISOLATION & VENTILATION:**

CO \_\_\_\_ ppm      H<sub>2</sub>S \_\_\_\_ ppm      Instrument Used - BW GasAlertMax  
O<sub>2</sub> \_\_\_\_%      LFL \_\_\_\_ %      Other \_\_\_\_\_

Tester's Signature \_\_\_\_\_ Date/Time \_\_\_\_\_

5. **COMMUNICATION PROCEDURES:**

\_\_\_\_ VOICE      \_\_\_\_ TWO-WAY RADIO

OTHER: \_\_\_\_\_

6. **RESCUE PROCEDURES:**

\_\_\_\_ Two-Way Radio to EMFS Computer Control Room Checked

\_\_\_\_ Telephone Available to Call Rescue Services and Checked

Located at \_\_\_\_\_ PHONE: \_\_\_\_\_

(Within 25 feet of PRCS)

\_\_\_\_ Rescue Service Coordinated and On Stand-By

UNIT: \_\_\_\_\_ PHONE: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_ Use Non-Entry Rescue Retrieval

OTHER:

7. **TRAINING:**

TRAINED ON

**ATTENDANT:** \_\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_  
(Name) (Date; within Last Year) (Date; EVERY 2 Years)

ATTENDANT: \_\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_

AUTHORIZED

**ENTRANTS:** \_\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_  
(Name) (Date; within Last Year) (Date; every 2 Years)

\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_

\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_

\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_

\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_

**RESCUE:** \_\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_

\_\_\_\_ PRCS \_\_\_\_\_ AHA \_\_\_\_\_

8. **OTHER HAZARDS:** The following measures are to be used to eliminate/control hazards during the confined space entry.

HAZARD      CONTROL      COMPLETE

COMPLETE

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Entry Supervisor's **SIGNATURE** \_\_\_\_\_ DATE: \_\_\_\_\_

ENTRANT(S):